

OCT. 20. 2004 1:40PM

CYGNUS LEGAL 650-599-3913

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NO. 5153 P. 2

OCT 20 2004

Atty Dkt No. 0243.04
USSN 10/821,055
PATENT

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Technology Center 3700 (703-872-9306) on the following date:

20 Oct 2004

Date

Gary R Fabian

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: FORD, R., et al.	Confirmation No.: 9632
Serial No.: 10/821,055	Art Unit: 3736
Filing Date: 8 April 2004	Examiner: Robert Nasser
Title: FORMULATION AND MANIPULATION OF DATABASES OF ANALYTE AND ASSOCIATED VALUES	

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-referenced application are the following documents:

1. Transmittal;
2. Second Preliminary Amendment (including a complete listing of the claims);
3. Terminal Disclaimer; and
4. Certificates of Facsimile Transmission.

Charge \$55.00 (small entity rate) to Deposit Account No. 03-4058 for the accompanying Terminal Disclaimer.

Charge \$189.00 (small entity rate for 21 dependent claims at \$9.00 per claim) to Deposit Account No. 03-4058 for the additional claims beyond the number for which fees have already been paid.

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NO. 5153 P. 3

Atty Dkt No. 0243.04
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No additional fees are believed due in connection with this paper. However, the Commissioner is hereby authorized to charge to Deposit Account No. 03-4058 any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, with the exception of the payment of the Issue Fee.

Respectfully submitted,

Dated: 20 Oct 2004

By:

Gary R. Fabian

Gary R. Fabian, Ph.D.
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10821055

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	30	-21
Independent	2	Minus	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

10-20-04

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=	90	OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL	475	OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=	189.00	OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE	189.00	OR TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	30	-
Independent	2	Minus	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	30	-
Independent	2	Minus	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.